



**DEPARTMENT OF INSURANCE
STATE OF ARIZONA**

Financial Affairs Division- Tax Unit
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Phoenix, Arizona 85018-7269
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**AHCCCS CONTRACTOR
PRIOR QUARTER ADJUSTMENT REPORT**

AHCCCS Contractor's Complete Name

Federal I.D. Number

Type Preparer's Name and Title

Toll free or collect phone number

Fax number

E-Mail Address

INSTRUCTIONS AND ADJUSTMENT COMPUTATION

An AHCCCS Contractor should file this report when there is a material (10% or more) difference between the estimated amount of total capitation reported in a prior Quarterly Premium Tax Report and the actual amount the Contractor received from AHCCCS for that quarter. An AHCCCS Contractor may elect to not file this report if the actual capitation paid to the Contractor in a prior quarter was less than the total estimated amount reported. *An adjustment to reduce the total capitation for a prior quarter may subject a Contractor to penalty and interest if the total of all tax payments received for the calendar year is less than the amount of tax owed according to the data that AHCCCS provides to the Department.*

1. WRITE AN "X" IN THE BOX THAT CORRESPONDS TO THE PRIOR QUARTER FOR WHICH THIS ADJUSTMENT REPORT IS BEING FILED:

PRIOR QUARTER TABLE	SELECT ONE	FOR CONTRACTOR CAPITATION IN:
	<input type="checkbox"/>	QUARTER 1: January 1 through March 31
	<input type="checkbox"/>	QUARTER 2: April 1 through June 30
	<input type="checkbox"/>	QUARTER 3: July 1 through September 30

2. ENTER THE AHCCCS PLAN I.D. NUMBER, ORIGINAL ESTIMATED AMOUNT OF TOTAL CAPITATION AND ACTUAL TOTAL CAPITATION including reinsurance and any other reimbursement paid to the Contractor by the Arizona Health Care Cost Containment System, for the quarter identified in the Prior Quarter Table (Line 1) for each plan type.

AHCCCS Plan Types:	Acute Care	Ventilator Dependent	Elderly & Physically Disabled	TOTAL OF AMOUNTS REPORTED IN LINES A, B AND C
Enter Plan ID Numbers:				
A. Enter original Estimated Amounts of total Capitation from Line 2 of the selected prior QuarterTax Report	\$ _____	\$ _____	\$ _____	\$ _____
B. Enter actual total Capitation amount for the selected prior Quarter period	\$ _____	\$ _____	\$ _____	\$ _____
C. Difference Enter positive amounts for increases and negative (-) amounts for decreases	\$ _____	\$ _____	\$ _____	\$ _____
	ACA	VDA	EPA	QTA

3. **PREMIUM TAX ADJUSTMENT:** Enter 2% (0.02) of the amount shown in the Total column for line 2.C., above.....\$ _____ «
Carry this amount to line 5 of Quarterly Tax Report Form E-QTR

Attach this Report to Quarterly Premium Tax Report Form E-QTR